
LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001

MEETING SUMMARY

Thursday November 7, 2002

1:00 p.m.-5:00 p.m.

St. Anne's Foundation Conference Room
155 North Occidental Boulevard-Los Angeles, CA

MEMBERS PRESENT

Mario Perez	Jeff Bailey
Dean Goish	Buddy Akin
Chi-Wai Au	Sergio Avina
Gordon Bunch	Tony Bustamante
Cesar Cadabes	Edward Clarke
Kelly Gilmore	Shawn Griffin
Edric Mendia	Vicky Ortega
Keisha Paxton	Efrain Reyes
Ricki Rosales	Gail Sanabria
Richard Zaldivar	David Zucker

ABSENT

Diane Brown
Richard Browne
Mark Etzel
Danielle Glenn-Rivera
Veronica Morales
Vanessa Talamantes
Kellii Trombacco
Rodolfo Zamudio

STAFF PRESENT

Elizabeth Escobedo	Gabriel Rodriguez	Darren Roberts
Delia Sandoval	Rene Seidel	

I. ROLL CALL - Roll call was conducted. A quorum was present.

II. COLLOQUIA PRESENTATION –

Cleo Manago presented on AmASSI's: "Critical Thinking and Cultural Affirmation Health Strategy for African Americans" Copies of the presentation can be obtained by contacting the AmASSI Center at 310-419-1969.

The Presentation next month will be "Organizational Factors in the Early Detection of HIV: An Overview and Some Preliminary Results" by Oscar Grusky, Ph.D. and Aimee Swanson, Ph.D.

III. APPROVAL OF AGENDA

The Committee approved the agenda.

IV. APPROVAL OF MEETING SUMMARY

The Committee approved the meeting summary for October 3, 2002.

V. PUBLIC COMMENT

The PPC has a new additional procedure to receive public comment. A form called "Ask the PPC" was included in the packet. The purpose of the form is to allow for questions about the PPC process or prevention planning. Although the PPC encourages open dialogue, a person may complete the form if they are unable to stay for the meeting or if they prefer to ask anonymously. The completed form may be deposited in the box provided at the PPC meeting. Questions will be addressed by the PPC.

National HIV Black HIV awareness Day – February 7, 2003

Paul Scott from Inglewood Wellness Center announced that the National HIV Black HIV Awareness Day is February 7, 2003. The lead agency is Minority AIDS Project and the contact person is Richard Hamilton.

VI. ELECTION OF NEW MEMBER

Jeff Bailey said that recently both Sandra Cargill and Emma Robinson have resigned. Both women represented African American women. He encouraged those interested to apply. The PPC has specific seats on this body such as the City of West Hollywood, City of Long Beach, the City of Pasadena, also representatives from TB Control, ADPA, STD Programs and HIV EPI, etc. Tom West has been approved by the Executive Sub-Committee to represent the City of West Hollywood. Tom West is one of the directors of social services.

Tom West thanked the PPC for the opportunity to serve. He has been with City of West Hollywood for over 15 years as the AIDS Specialist. He has been focusing on the Prevention Services.

Motion: A motion was made seconded and approved to approve Tom West as PPC member.

VII. HIV/STD UPDATE

Jeff Bailey said that last month at the PPC meeting a request was made to the STD programs to present on what their strategy is for syphilis elimination in Los Angeles County. For the past few years there has been a syphilis outbreak among men who have sex with men, of which many are also co-infected with HIV. In the past Tony Bustamante and Chi Wai-Au have brought these issues to the PPC and provided updates. Based on the presentation last month by Dr. Melanie Taylor there was a recommendation and a motion from the PPC to encourage OAPP and STD Programs to meet and discuss integration strategies in order to address syphilis and HIV. He thanked Karen Mall and Tiffany Horton from the HIV Counseling and Testing Task Force for being involved in the process.

Gunther Freehill from OAPP provided an HIV and STD Prevention Service Integration update. The slides from his presentation will be available on the OAPP web site on Monday. Mr. Freehill provided an update of OAPPs ongoing and current efforts including:

- ◆ Over the last couple of years there has been an increase in syphilis cases particularly among MSM and among MSM who also have HIV.
- ◆ OAPP has had ongoing concern and has contributed to the joint effort in many ways including:
 - Discussing reinvigorating HIV prevention more generally.
 - Including people with whom OAPP enters in partnerships with.
 - Making sure that a full range of interventions are available, ranging from general public awareness campaigns through highly specialized individualized ongoing service plans.
 - In the last decade OAPP redesigned the whole system to the behavioral risk groups.
 - Increasing investment in HIV prevention services by identifying funds for social marketing and seeking additional funding sources and not relying solely upon the CDC cooperative agreement or the formula grants from the State.
 - Has received the first Hepatitis C Grant in the State.
 - Applied and has been successful in different initiatives that are specific for HIV prevention, multiple morbidity, and other cross over activities.
 - Some demonstration projects are about populations and also are populations for which there is a significant need for cross over work, like incarcerated people who have a relatively high incidence of both HIV and other sexually transmitted diseases.
 - Identified Federal, State, and local funds to do specific programs that cross those boundaries between different diseases. (HIV and STDs, substance abuse and hepatitis and TB).
 - Looked at the Prevention for HIV infected persons programs given the high co-morbidities of HIV and syphilis among gay men in Los Angeles County.
 - It is the intention to create systems of prevention services to counsel and refer people who are concerned about being exposed appropriately for the other morbidities.

Out Patient Care

OAPP is divided between prevention and care and has contributed to on going investment for Care services including:

- In care services the syphilis outbreak was more heavily impacted in the first year. A higher proportion of the STD clients were infected with HIV and a higher proportion of MSM also reported co-infection with HIV/syphilis.

- As part of the long-term health interventions OAPP wants to make sure that there is appropriate health education, and ensure that doctors and other health care providers dealing with clients are advising them about how to maintain their health.
- OAPP integrated HIV testing and counseling into every HIV outpatient service. Friends, social network affiliates partners, and others who have close association with HIV clients come in and seek testing for themselves or for their partners (This model was pioneered in South Central by Wilbert Jordan). In some cases it has an extraordinarily high positively rates and overall it has low numbers of tests.
- OAPP also discussed using video strategy.
- Looked at multiple morbidity screening to ensure appropriate screening.
- Placed increased emphasis on Health Education Risk reduction.

There are complex differences between HIV and STD, both in terms of the diseases and in terms of the organizational structures. There are also a lot of similarities.

In the HIV world

- ◆ Generally speaking people test for HIV without symptoms.
- ◆ People test as a result of a risk assessment, either from a personal inventory about their own individual risk or because they have encountered some HIV outreach or education program and has prompted them to assess whether or not they have been at risk.
- ◆ HIV care is a long term sustained involvement for people with HIV.
- ◆ HIV is a long-term chronic illness and has very high fatality rates.
- ◆ Long-term medical treatment for people who are infected and for people who are at very high risk is emphasized. Long term treatment includes increasing prevention activities.
- ◆ The testing technology for HIV is rapidly changing. Rapid testing has been announced. There is some question as to who will be allowed to operate the test.
- ◆ For the most part OAPP contracts out for services.
- ◆ For the most part OAPP is an administrative agency and depends upon a wide variety of community partnerships to conduct services.
- ◆ OAPP has a long term federally required investment in community planning of which this is a part.
- ◆ The needs of people with HIV and those at very high risk for HIV are increasingly becoming complex.
- ◆ OAPP is looking at a much more broad set of services. It is known that people need housing, mental health and substance abuse services in order to assume HIV services well.
- ◆ In care services there is a clear mandate about caring primarily for indigent people.
- ◆ OAPP is looking at goals around reducing transmission and new infections.

In the STD world

- ◆ Especially with syphilis, people get tested for STD because of a symptom.
- ◆ STDs especially syphilis is highly curable. So the kinds of interventions tend to be very different. They tend to be fairly short and focused and highly medicinal.
- ◆ In the STD world it is more about controlling the disease so that it is not an outbreak and place real limitations on the ability for transmission.
- ◆ The technology in STD has changed less quickly and requires different kinds of interventions even to test. To test for most STDs, blood is drawn which may have implications.
- ◆ The STD program has an involvement in the PPC but has not necessarily had the same level of community involvement in terms of assessing need or planning for STD services.
- ◆ STD Programs frequently look at a much more narrow set of service needs because of the way they are organized.
- ◆ STD has a much broader approach, they basically take all patients.
- ◆ STD maintains the goals of eliminating syphilis.

Dr. Melanie Taylor said that according to the Los Angeles Times or the CDC weekly Mortality Morbidity Report, Los Angeles now ranks as the fourth city in number of Syphilis cases. (Preceded by Chicago, Atlanta, and Detroit). STD Programs already knew of the problem. Sixty percent of the cases in MSM are HIV positive. These men are not having safe sex and at the same time they may be transmitting not only syphilis but also HIV. STD Programs is concerned about the potential spread of STD and HIV. The key issue is that there is a need to respect all the goals and differences between STD Programs and OAPP. Their goals were to consider the balance that is needed and that involves specifically the Public Health impact of STDs on the general public and the need to

maintain the strength of the HIV services that OAPP offers through its CBO contractors to meet the existing and changing needs of those persons who are at risk of HIV and those persons who already have HIV. Dr. Taylor applauded all the CBOs because they offer a very important interface in reaching the MSM population.

What do we do:

Four meetings have been held and attended by OAPP, STD Programs and were fortunate to have two representatives of HIV Counseling and Task Force. A discussion was held about the issues being presented.

What they did:

Persons at OAPP who are more familiar with the contracts reviewed some of the existing policies and found there is no prohibition on providing STD screening in the OAPP contracted CBOs and that reimbursement for risk assessment including those clients who decline HIV test is possible for STD screening.

There is no specific reimbursement for STD testing alone. However, those persons approaching the CBO at whatever venue initially recruited as seeking HIV counseling and testing but later not actually going through with the HIV test for different reasons, can still be referred for STD screening and this is included in the risk assessment reimbursement. In addition, there are some requirements for referrals including link referrals that can be reimbursed as well.

STD Programs Contribution:

The STD Programs:

- Have agreed to arrange for the cost that will arise from syphilis testing. These costs include specifically the cost of testing supplies, needles, blood tubes, tourniquets, and the things that are needed to go through a syphilis testing.
- Will also arrange for the cost to be covered for the actual test in the public health lab.
- Have agreed to hold training sessions for the CBO members who are interested in general STD one on one training.
- Have created a curriculum for vena-puncture certification and that means a person will be trained and observed by a physician so that person can be certified in the procedure of vena-puncture which is needed in order to do syphilis testing.
- Still do not have a non-evasive test for syphilis.

What has been done so far:

OAPP has drafted a letter to the CBO contractors that clarifies the language in the contracts that allow for STD counseling testing and referral. STD has held two vena puncture-training sessions and has trained 29 persons who are now certified in vena-puncture. They also had a STD one-on-one course the day before yesterday at which time they trained 40 persons in general STD curriculum.

Next Steps:

- A mechanism to reimburse OAPP counseling and testing providers for the STD testing needs to be established.
- STD has already taken care of the lab work, but there is a need to work on the reimbursement of STD testing.
- There is a need to assess the impact of integrating anonymous testing and confidential testing.
- Syphilis cannot be done as an anonymous test. It is a curable treatable disease and it was felt that the need for anonymous testing is not there.
- There is going to be some challenges associated with the persons who want to come for an anonymous HIV test and also request a syphilis test to be anonymous. In order to perform a syphilis test there will be a need to collect some identifying information from these persons.
- There is a need to discuss the capacity of all HIV counselors in the CBOs to address additional morbidities associated with STDs. It is hoped to address some of those in the STD one on one course.

Plans:

Dr. Taylor said that the next HIV/STD meeting is on December 13, 2002. There has been a meeting every week since the last PPC meeting. The long range planning include assessment of resources from mostly the STD Programs. Many people do not have a good idea about the STD Programs so they want to elaborate on some of the programs they sponsor, and on their budgetary use. They don't have contractors. STD Programs want to train and capacity build for the PPC to plan STD prevention and they want to help OAPP develop any specific procedures for integrated services. Several comments and questions were made including:

- **Kathy Watt** applauded STD Programs and OAPP on meeting and being able to come back one month later with a plan.
- Several PPC members commended the PPC co-chairs, STD Programs, and OAPP for facilitating the HIV/STD discussions and extended their congratulations to both departments and the community.
- **Dr. Taylor** said that everyone realized the importance of pursuing this type integration but it took a lot of effort and interest from both departments.
- It is really important as a community and in Los Angeles County where there are so many cuts that agencies don't become territorial and to start looking for people to collaborate with, because that is how planning can get more services and have a healthier Los Angeles County. There have been some very big turf wars and ownership. We have to let go of it or else the fights will get so big and the services will disappear.
- It is really important that people are given solid information because someone went to an STD clinic and was treated for chlamydia and later found he had gonorrhea.
- A concern was expressed about cuts to services because a specific place used to provide STD screening and they no longer have funding to for chlamydia.
- A comment was made that at the recent Co-Chairs Summit Kevin O'Conner from CDC spoke about the integration of HEP C, HIV and STD and he said not to ask him for money, because he had none for integration.

*Q. **Richard Zaldivar** said that in reading about the potential financial crisis of health care in this County there has to be a way to leverage the funders to provide more funding for integrated services like this. Particularly in areas that have epidemic proportions. How can the community put more focus and attention to this?*

*A. **Dr. Taylor** responded that at the last PPC meeting there was discussion that San Diego was working on an integrated effort between their AIDS program and STD program. But it is a relatively novel strategy. There are no funding mechanisms that she is aware of through the CDC to support this type of integrated effort. She hoped to help facilitate this type of funding mechanism, to pursue at least supporting the establishment of some type of funding mechanism.*

Q. A question was asked if training could be provided to regular people from the community or if the training was specific only to agencies?

*A. **Dr. Taylor** responded that they have a Health Education Unit that has a very good STD program that is presented in about 4 hours and is mobile and they can go anywhere. For more information call Betsy Swanson, Health Education Coordinator. Due to the budget cuts one of the clinics was closed completely. Previously there were 13 clinics now there are 12. They have seen the hours for service cut down drastically.*

Q. A question was asked in the interest of keeping this collaboration going, if a report back to the PPC was necessary after their next meeting.

*A. **Jeff Bailey** said that since there are two representatives on the PPC from the STD Programs and they do provide updates at every PPC meeting, it would not be necessary. The purpose of the meeting on December 13, 2002 is to establish a meeting schedule to address the next steps that have been identified.*

Mario Perez said that the credit should be given to Dean Goishi and Gunther Freehill from OAPP who were instrumental and participated and actively engaged in the process. STD Programs had a number of staff who were very committed to the integration and were very active participants.

VIII. COMMUNITY BREAKOUT: "Introduction to Community Planning"

The PPC participants broke up into 6 groups. The purpose of this was to gather community input for the process of developing a new HIV Prevention Plan.

At the recent Co-Chairs Summit, the CDC reported that a revised guidance would be available soon. The revised guidance should be more concise and some of the steps may be collapsed into fewer steps. In the current process that the PPC is engaged in, the PPC will continue to move forward in addressing the current nine steps that are established in the current guidance. One of the steps is to illicit feedback and participation in this process. When

the 2000 HIV Prevention Plan was released, there was a shift to target BRGs. Many people who were not engaged in the process of the development of the Plan were surprised. Participants were encouraged to engage and inform the PPC on what are the priorities around prevention in Los Angeles County by participating in the Community Breakout.

The Community Breakout facilitators were Ricki Rosales, Chi Wai-Au, Edric Mendia, Vickie Ortega, Keisha Paxton, and Daivid Zucker.

IX. BREAK

X. OVERVIEW OF COMMISSION'S COMPREHENSIVE CARE PLAN

Nettie De Augustine co-chair of the Commission provided an overview of the Commission's Comprehensive Care Plan. Her observation was that she was impressed when she saw all the seats filled with the PPC participants. She said the PPC was a great group it was a privilege to be present. A copy of the slides can be obtained on the OAPP web site at <http://lapublichealth.org/aids>.

XI. SUB-COMMITTEE REPORTS

◆ Evaluation

Gordon Bunch reported that Diane Brown is the sub-committee chair. The final draft of the Mission statement was approved. They focused on the review of the scope of work to conduct a Needs Assessment, which is a critical component of the HIV Prevention Plan. Their first priority task to help them organize what needs to be done is to do a thorough review of the description of the needs assessment that was done in the last Prevention Plan. Next they will determine what pieces of the Needs Assessment they want to retain and what new data they want added. They will begin to work on the secondary data sources that are available to inform the needs assessment process. The secondary data sources would be those data sources that already exist, such as EPI profile, county wide Risk Assessment survey, surveys that have been done by HIV EPI and other sources in the county that would help to inform the needs assessment process.

They identified the secondary data sources and assigned committee members to access those particular data sources so they could review the questionnaires. They will contact two jurisdictions (Detroit and Chicago) who did a good needs assessment, to review the instruments they used for the primary data collection, the focus groups, and the key informant interviews to use in the development of the primary data collection instruments.

◆ Operations

Kellii Trombacco resigned as the chair of this sub-committee due to her work. She will still continue as a member of the PPC.

Darren Roberts reported that on the back of the Roster of sub-committees the Policies and Procedures changes were included. There were three changes as follows.

MOTION: A motion was made, seconded, and approved to approve the following Policies and procedures changed.

CHANGE 1: In the current P&P, the PPC Co-Chairs are required to chair the Executive Subcommittee and be assigned to a second subcommittee to meet the general membership requirement, in effect assigning them to two subcommittees. We recently approved a change allowing Commission Representatives to satisfy the subcommittee requirement by attending the Commission. We want to extend the same exemption to the Co-Chairs. The bolded text will be added to Participation Requirements.

...within sixty (60) days of a member's appointment. Commission Representatives are exempt from the subcommittee participation requirement, which is satisfied instead through consistent participation at the monthly Commission meetings. ***PPC Co-Chairs satisfy this requirement through consistent participation at and co-chairing of the Executive Subcommittee.***

CHANGE 2: The following change to the Roles: PPC Co-Chairs section to match Change 1...new text is in bold

c. Chair the Executive Subcommittee. ***Chairing the Executive Subcommittee satisfies the PPC membership requirement that each member attend a subcommittee.***

CHANGE 3: The first paragraph in Term of Membership refers to outdated information. The current text reads:

"Term of membership on the PPC is two years. New members shall serve no more than three (3) consecutive terms. Upon approval of these policies, members who have held a seat no more than four (4) consecutive years will be restricted to completing one additional term. Each term shall begin on January 1 of the succeeding year. Former members may choose to remain active by becoming advisors to the PPC by notifying the Executive Subcommittee in writing."

Recommended Text: ***"Term of membership on the PPC is two years, with members serving no more than three (3) consecutive two-year terms. If a new member starts his/her first term between January 1 and June 30, this time counts against the first year of his/her first term. If a new member begins his/her first term after July 1, then this time does not count toward the first year of the member's first term; rather, his/her first two-year term is considered to begin on January 1 of the following year.***

Former members may remain active with the PPC by participating at the subcommittee level or at the monthly PPC meetings as a non-voting participant."

◆ **Joint Public Policy**

Jeff Bailey reported that Mark Etzel would be attending the Commission Retreat on November 14 and 15, 2002. There will be a meeting of the co-chairs of the Commission and the PPC to discuss the recommendations about the staffing patterns for the Commission.

◆ **Standards & Best Practice**

Buddy Akin is the elected Chair of the Standards and Best Practices sub-committee. Royce Sciortino is the Deputy Chair. They will continue meeting on the 3rd Thursday of the month from 2:00 p.m. to 4:00 p.m. at OAPP.

They reviewed recommendations from CHIPTS from the Intervention Core team. A document "Critiques of the CDC Compendium" which is a list of best practices and recommendations and decision criteria for the monitors and evaluators to apply when reviewing proposals was provided by Rosa Vinlegas and was also reviewed.

Jeff Bailey said that there was a presentation by the CDC on the new revised guidance. They plan on consolidating some of those steps. The CDC recognized that the CDC guidance has been a challenge for community planning groups so they may be moving towards indicators for programs, not only based on science but community norms and values. The community guidance will be out for review soon on the NMAC web site. There was a recommendation to have a joint meeting with the Evaluation and Standards and Best Practices sub-committee because some of the work is overlapping.

Mr. Akin reported that he and Cesar Cadabes would be reviewing some literature provided to them by Matt Mutchler's Research Team. Royce Sciortino presented a proposed draft survey that will be given to contract monitors to enlist their help in getting data on the CBO programs they monitor. This will be an ongoing process. They will continue work on developing a draft of the Standards and Best Practices recommendations.

Mario Perez asked for clarification regarding the purpose of the contract monitor survey.

Buddy Akin said that they needed some kind of information from the CBOs programs, about what is working and what is not working realizing that there is no outcome data, but to gather process data.

◆ **Youth Leadership**

Sergio Avina reported that a youth nomination form would be mailed out later this month. They will be recognizing youth in the field of HIV prevention. He requested everyone's help in nominating youth that work with clients, volunteers, and staff. Awards will be presented to youth 25 and under and to youth providers. They continue to look for agencies to host future meetings. They have vacancies and continue to do on-going recruitment.

Chi Wai-Au reported that at their last meeting members reported on the youth USCA in September. Each month they devote the first part of their meetings to an orientation segment. Starting next month they will begin having presentations by committee members.

A letter was included in the folder from Charles L. Henry to the PPC Youth Leadership Sub-committee about the Youth Leadership Sub-committee's collaboration with Reach LA and the extension of the grant to work in collaboration for the creation of promotional cards, orientation and training material.

◆ **Retreat ad hoc**

The Retreat ad hoc committee reported that the Retreat would be held in the first week in May. The overall agenda is to finalize decisions by the PPC about the prevention plan. The agenda is contingent upon where the sub-committees are in terms of the work. The Retreat ad hoc committee is working closely with the Executive sub-committee. The Manhattan Beach Hotel, which was the place where the Retreat was held last year, is being considered.

CHHS Update

Edric Mendia said that the Commission did not meet last month. Originally the Commission was going to present a survey to obtain everybody's input. He encouraged everyone's participation in providing input to the Commission about the Comprehensive Care Plan. He asked if there has been any discussion about which PPC sub-committee would be the most likely to merge with the Commissions Priorities and Planning committee.

Jeff Bailey responded that there had not been any discussion about that issue and that is a discussion that needs to take place, acknowledging that the PPC has its own Plan that needs to be developed which will entail a great amount of work. The PPC can learn from the Priorities and Planning committee about the process of the needs assessment. The PPC will participate as much as possible with the Commission given the fact that the PPC has the obligation to create a plan in order to sustain funding.

XII. OAPP REPORT

2001 Progress Report

Dean Goishi reported that OAPP received the technical review from CDC, for the 2001-progress report that was submitted in April 2002. The comments indicating strengths from CDC continue to demonstrate the very strong prevention work that goes on in Los Angeles County and the work in the 5 areas that the PPC is responsible for. There was one area that will need comments and the Operations sub-committee will develop a narrative for that section. There is a possibility that an action plan will be needed on how to recruit for the gaps to fill the membership reflecting the local epidemic in four of the areas that were identified as areas for improvement that was indicated in the report back to the CDC.

CPLS

The PPC submitted four abstracts for the 2003 CPLS which will be held in New York, March 12 - 13.

Northern California Grants Maker in partnership with AIDS Partnership of California is offering 16 Leadership Training Scholarships for people of color living with HIV. The applications are available for individuals who have been involved with the PPC (either PPC members or those who are working on sub-committee work). The deadline is December 31, 2002. Applications can be obtained from Dean Goishi.

100 Free Computers

An Equal Access Initiative announcement, which is a computer grants program has been released. A Request for Proposals has been released by the National Minority AIDS Council in partnership with the National Institutes of

Health, Office of AIDS Research. Anyone interested will need to respond with a proposal for a computer that will be given free to successful agencies. There are 100 available computers. For more information access the NMAC website or contact Dean Goishi.

Capacity Building Technical Assistance

The National Minority AIDS Council is sponsoring their regional training in San Diego on November 18 - 21, 2002. The training consists of a series of Capacity Building Technical Assistance training's for agency members and will be held at the Clarion Hotel Bayview. There is no cost to attend the training, however registration is needed and no walk-ins will be allowed. The deadline has passed, however individuals wishing to participate can contact Dean Goishi.

Call for Abstracts USCA September 2003

The call for abstracts for the USCA for September 2003 in New Orleans has been released. PPC members are encouraged to respond to the abstract call. **Mr. Goishi** said that the topics that were submitted were excellent, however there are a lot of other things that the PPC does. He said that when speaking with other members of community planning bodies throughout the country, the PPC tends to be in the lead. There are a lot of subjects that could be shared, as the experiences in Los Angeles are very valuable in community planning. The deadline is March 2003.

Board Motion

Mario Perez said that there has been no update to the Board motion that was discussed at a previous PPC meeting. The Board motion requested OAPP, Auditor Controller, and CAO to look at mechanisms to report on a monthly basis expenditures by program and by SPA.

World AIDS Day

Mario Perez said that OAPP has secured the new Cathedral in downtown Los Angeles to host the World AIDS Day event on December 1, 2002. As part of that event, OAPP annually recognizes counselors who have demonstrated strong performance and who are nominated by their peers. The nominations for the HIV Counselor of the Year Awards are due on November 15, 2002. The four awards are for two community-based counselors and two counselors that are part of the Public Health response

Dean Goishi asked those agencies sponsoring World AIDS Day events to ensure that OAPP receives an invitation, because OAPP would like to have a representative attend the event.

SPNS

OAPP submitted an application in response to the Special Projects of National Significance (SPNS) announcement to develop IT Technology, and is one of 6 jurisdictions awarded a four-year grant. OAPP is the only Health Department and the only jurisdiction awarded west of the Mississippi. The system is an HIV integrated reporting web-based system.

- The system will allow HIV counseling and testing providers to deliver intervention through a web-based system. If a person who tested either positive or negative is high risk and has not returned for their results the system will provide a prompt after two weeks indicating that the person has not yet returned for the results. It is intended to allow for follow up strategy to get the person back for results.
- When positive results are disclosed and a referral is provided to a person to access care either medical outpatient services or case management; the system will generate another prompt after 90 days if the person has not accessed the care system.
- For Counseling and Testing services clients who receive the results the system will allow for a geographic client specific list of referrals based on where they live to be generated.
- The system will allow for immediate care act eligibility screening for clients testing positive and accessing services at any one of OAPP provider sites using the HIRS system. It will be an enhancement of an existing system that is in development by OAPP. It is expected this system will result in getting more people into care and ensure those most in need are being targeted to receive care resources and screen those that may be eligible for other resources.

Conference Support Grant

Dean Goishi reported that OAPP obtained a CDC Conference Support grant. Rene Seidel was primarily responsible for writing the application. OAPP in partnership with CHIPTS will be sponsoring a conference in the spring that will tackle discrimination, racism, and homophobia amongst MSM, particularly of color in the

community. Invitations will be sent out for an advisory body to help with the planning but they are looking for community input and PPC members will be asked to participate in the committee.

XIII. CO-CHAIRRS REPORT

BRG Meetings

Jeff Bailey reported that the BRG/Intervention meetings continue. The next meeting will be on November 22, 2002 for counseling and testing providers. On November 8, 2002 the Executive sub-committee will have an extra meeting to discuss the development of a timeline for the HIV Prevention Plan. Feedback will be provided to the sub-committees.

PPC Meeting

The committee decided to change the January 2, 2003 meeting to **Tuesday, January 7, 2003**.

Executive sub-committee meeting

The Executive sub-committee meeting was rescheduled from November 28, 2002 to November 26, 2002.

PPC Orientation

The PPC Orientation for new members will be on November 26, 2002, from 1:30 p.m. to 4:30 p.m.

XIV. STATE OFFICE OF AIDS UPDATE

Gail Sanabria reported that they are still recruiting for three vacancies, one each for African American, Latino, and Pacific Islander. The final date for receiving applications is November 15, 2002. They also have an advisory group, the California HIV Planning Group (CHPG). Every year about half of the membership is reappointed. They have three meetings a year; expenses for those meetings are paid. The meetings are held in Redondo Beach in April, San Francisco in August and San Diego in November. They are encouraging people of color, people who are living with HIV and women and youth to apply. They will have approximately 14 vacancies. Anyone interested can contact her or Rene Seidel from OAPP.

Dean Goishi acknowledged Gail Sanabria and the State Office of AIDS for planning an excellent recent Co-chair Summit. The workshops and subject matter were very appropriate.

XV. ANNOUNCEMENTS

On November 30 Reach LA and the LAGLC are holding a Queer Film Festival with short films from around the country by youth and for youth. Flyers were made available.

On November 17, 2002, APLA, West and the Power Program will have a social event at 639 North Fairfax. A rap group called Bioneers (bisexual pioneer) will perform. Anyone interested in attending was asked to contact Buddy Akin.

Richard Zaldivar said that El Pacto has departed from one of the AIDS Hospices that they support in Mexico called Casa Hogar De Las Memorias.

They have been working on the AIDS monument and they go before Recreation Parks Commission on November 20, 2002, to seek approval to start building the monument. It is anticipated that about 300 people from the community will attend to show support. He asked PPC members for their support by attending this event.

XVI. CLOSING ROLL CALL

Roll call was conducted.

XVII. ADJOURNMENT

The PPC meeting was adjourned with a moment of silence in memory of Kevin Spears. Kevin Spears was an activist across the country and outside of the country. He was tenacious, outspoken, and totally dedicated to the community and to fighting the virus and will be missed greatly. Wherever he felt the need to raise his voice for social justice, he did.

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